


**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4/18/06</u>		2 Serial/Patent # <u>16/016,897</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		1/30/06	\$ 518							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 518								
8 TO BE REFUNDED BY:											
		<input type="checkbox"/> Treasury Check									
		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>			5	0	--	0	8	9	6
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10 REASON:											
	Overpayment										
	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<div style="font-family: cursive; font-size: 1.2em;">Can't pay EOT beyond maximum extendable period.</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shirey Willis</u>			TITLE: <u>Pat Atty</u>								
SIGNATURE: <u>E. Shirey Willis</u>			PHONE: <u>272-3238</u>								
OFFICE: <u>Office of Patents</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>5/4/06</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> FY 2005		Docket Number (Optional) AESN3005
In re Application of      Pham, Duc et al.		
Application Number      10/016,897	Filed      12.03.2001	
For      NETWORK MEDIA ENCRYPTION ARCHITECTURE AND METHODS FOR SECURE STORAGE		
Group Art Unit      2137	Examiner      Teslovich, T.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fees below):		
	Fee	Small Entity Fee
_____ One month (37 CFR 1.17(a)(1))	\$120	\$60      \$ _____
_____ Two months (37 CFR 1.17(a)(2))	\$450	\$225      \$ _____
<u>X</u> Three months (37 CFR 1.17(a)(3))	\$1020	\$510      \$ 510.00
_____ Four months (37 CFR 1.17(a)(4))	\$1590	\$795      \$ _____
_____ Five months (37 CFR 1.17(a)(5))	\$2160	\$1080      \$ _____
<u>X</u> Applicant claims small entity status. See 37 CFR 1.27.		
_____ A check in the amount of the fee is enclosed.		
_____ Payment by credit card. Form PTO-2038 is attached.		
<u>X</u> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<u>X</u> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0890</u> .		
I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO -2038.		
I am the _____ applicant/inventor		
_____ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SP/96 ).		
<u>X</u> attorney or agent of record. Registration number: <u>30,320</u> .		
_____ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>30,320</u> .		
<u>January 25, 2006</u> Date	 Signature	
<u>650.325.2100</u> Telephone Num.	<u>Gerald B. Rosenberg</u> Typed Name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<u>1</u> Total of <u>1</u> forms are submitted.		

Adjustment date: 05/04/2006 CKHLQK  
01/31/2006 HDESTA1 00000026 500890 10016897  
01 FC:2253 510.00 CR

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